

Case Number:	CM14-0204442		
Date Assigned:	12/16/2014	Date of Injury:	01/11/2001
Decision Date:	02/06/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65 year old female with an injury date of 01/11/01. Per physician's progress report dated 11/17/14, the patient complains of left sciatica. In progress report dated 09/23/14, the patient also complains of pain in the lower back and left buttock. Her sciatica stops at knee but she suffers from pain and dysfunction 24/7. Physical examination reveals tenderness in the lumbar paraspinal muscles with tightness, right greater than left (additional pages from this report are missing). Straight leg raise is positive on the left at 50 degrees, as per progress report dated 09/16/14. As per progress report dated 07/08/14, the patient almost exclusively has left leg pain mostly in the L3-4 distribution area with some weakness as well. The pain on the right side is limited to buttock and lateral hip only. The pain is rated at 7/10 and is impacting activities of daily living. Physical examination, as per progress report dated 01/16/14, reveals tingling in the anterior thigh due to lumbar flexion. There is slight tension in the lumbar paraspinals along with slight limitations in lumbar extensions. There is slight weakness with ADF in the right. The patient is taking Gabapentin, as per progress report dated 11/17/14. She also takes Norco and Naproxen, as per progress report dated 10/31/14. Diagnosis, 11/17/14: Recurrent L4 radiculitis. The request is for (a) SURGICAL CONSULT (b) LEFT L4-5 TFESI (c) MRI LUMBAR SPINE (d) EMG LEFT LOWER EXTREMITY. The utilization review determination being challenged is dated 11/21/14. Treatment reports were provided from 01/16/14 - 12/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Surgical Consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127, consultation

Decision rationale: The patient complains of left sciatica, as per progress report dated 11/17/14. The request is for surgical consult. The patient also complains of pain in the lower back and left buttock. Her sciatica stops at knee but she suffers from pain and dysfunction 24/7, as per report dated 09/23/14. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In progress report dated 11/17/14, the treater states that "Two years ago we considered surgery consultation but she got better so we decided not to go that route. Back then she was having right sciatica but now it is exclusively down the left leg proximally." The treater is, therefore, requesting for a surgical consultation. The patient is suffering from chronic pain 24/7, which is impacting activities of daily living significantly. A consultation with a surgeon may help determine her candidacy for an invasive procedure and thereby, reduce pain and improve quality of life. This request is medically necessary.

Left L4-5 TFESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46 and 47.

Decision rationale: The patient complains of left sciatica, as per progress report dated 11/17/14. The request is for left L4-5 Transforaminal Epidural Steroid Injection (TFESI). The patient also complains of pain in the lower back and left buttock. Her sciatica stops at knee but she suffers from pain and dysfunction 24/7, as per report dated 09/23/14. The MTUS Guidelines has the following regarding Epidural Steroid Injection (ESI) under chronic pain section pages 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: pages 46 and 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the patient complains of intermittent tingling and pain down the proximal anterior thigh on the left in progress report dated 01/16/14. The patient was diagnosed with left L3-4 radiculitis with known "left L23 HNP and L34 stenosis," as per progress report dated 07/08/14. The patient underwent right L4-5 and L5-S1 TFESI on 12/19/13 which led to considerable benefits, as per progress report dated 01/16/14. In the same report, the

treater anticipated a repeat lumbar ESI in May/June along with an injection on the LEFT side as well because it was "slightly symptomatic" at that time. While the available reports did not document ESI in May-June, an operative report dated 07/31/14 indicates that the patient received left L3-4 TFESI. In progress report dated 09/23/14, the treater states that the left L4-5 left TFESI, done about 4 weeks prior to appointment, led to about 50% pain relief. "She is still having sciatica but not as intensely," the treater says. It is not clear if the treater is referring to the 07/31/14 procedure or another one as the reports document different lumbar levels. As per progress report dated 10/31/14, the patient received repeat left L4-5 TFESI on 10/02/14 which led to 70% reduction in pain level. The pain before the procedure was 10+/10 and it went down to 3/10 after the injection. However, in progress report dated 11/17/14, the treater states that the patient had lumbar ESI over six weeks ago "which was helpful but just temporary." The patient has received the injections at different levels and it is not clear if the prior improvement in pain and function was due to L3-4 injection or L4-5 injection. The reports do not explain the scenario clearly. Additionally, none of the improvements documented following ESI's show functional improvement in terms of activities of daily living (ADL's), work status change and no documentation that the patient's medication intakes were reduced. Finally, no imaging studies were provided or discussed showing a clear evidence of radiculopathy. Therefore, the request is not medically necessary.

MRI Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178.

Decision rationale: The patient complains of left sciatica, as per progress report dated 11/17/14. The request is for MRI lumbar spine. The patient also complains of pain in the lower back and left buttock. Her sciatica stops at knee but she suffers from pain and dysfunction 24/7, as per report dated 09/23/14. ACOEM Guidelines, chapter 8, pages 177 and 178 state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG do not support MRIs unless there are neurologic signs/symptoms present. The guidelines allow for MRIs in patients with uncomplicated low back pain, prior to lumbar surgery. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, no MRI reports were available for review. However, progress report, dated 11/17/14, states that the patient's last MRI was in 2012 and requests for a repeat to "update her imaging." In progress report dated 09/23/14, the treater states that "Since her MRI was over two years ago, we would need to repeat it to optimize surgery evaluation." ODG allow for MRIs prior to surgery. Additionally, in progress report dated 11/17/14, the treater states that two years ago "she was having right sciatica but now it is exclusively down the left leg proximally," which indicates significant change in symptoms and the need for a repeat MRI. This request is medically necessary.

EMG Left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

Decision rationale: The patient complains of left sciatica, as per progress report dated 11/17/14. The request is for Electromyography (EMG) left lower extremity. The patient also complains of pain in the lower back and left buttock. Her sciatica stops at knee but she suffers from pain and dysfunction 24/7, as per report dated 09/23/14. ODG, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In this case, no EMG reports are available for review. However, in progress report dated 11/17/14, the treater requests for an EMG of the left lower extremity and states that "Previously I only did the RLE." As per progress report dated 01/16/14, the patient has intermittent tingling and pain down the proximal anterior thigh on the left. However, as per progress report dated 10/31/14, the patient has been diagnosed with left L4 radiculitis and has "mild residual radiculopathic pain down the left leg." Given that the patient has not had an EMG study of the left side, the request appears reasonable. The request is medically necessary.